VOX

THE VOICE OF THE VICTORIA HIV/AIDS CENTRE - July/August 1999

Regionalization of HIV/AIDS Funding

By Ruthann Tucker, Executive Director, AVI

The provincial government has been shifting the responsibility and funding for healthcare to regional health authorities throughout British Columbia.

We have seen and experienced these changes throughout both the Capital Health Region (CHR) and the Central Vancouver Island Health Region (CVIHR) in areas such as primary care, acute care and mental health. The Ministry of Health has informed funded community-based AIDS organizations that this will also be the case for HIV/AIDS funding and they would like to be able to accomplish this by December 31, 1999.

AIDS Vancouver Island is working closely with other community partners and both the CHR and the CVIHR to develop comprehensive three-year plans to address the issues and needs of people infected and affected by HIV/AIDS. AVI is working with two health authorities given the areas we cover and the scope of our programs.

The CVIHR has already begun a series of consultations in smaller communities to get feedback on what the plan should look like and who needs to be involved in the development of the HIV/AIDS Service Plan. Michael Curnes' article on page 6 details some of the challenges in doing this work in a more rural setting.

During the next several months the CHR will be hosting several consultations to develop priorities for addressing HIV/AIDS issues. In fact, several meetings will take place here at AIDS Vancouver Island to speak directly to the communities and individuals that access services from our agency. Specifically, there will be focus groups for people who inject drugs and are street involved, youth and consumers of service. If you would like to attend one of these meetings just give us a call or speak to a staff person and we can let you know when the meetings will take place.

It will be of great interest to witness the unfolding of this process. While there are still many questions to be answered about the transfer of funding it is encouraging to know that local communities will have a greater say in determining what will or will not be a priority. It does, however, raise some serious questions, including what will be the role of the Ministry of Health, and in particular the HIV/AIDS Division in the upcoming years; who will be ultimately responsible for the HIV/AIDS issues in your local community–the health region, or the Minister of Health; and, finally, will the Ministry of Health transfer the levels of funding that communities need to respond effectively to this epidemic?

INSIDE THIS ISSUE

This month's focus: HIV/AIDS & Remote Areas

This issue of *VOX* focusses on regional and remote issues in the provision of HIV/AIDS services. It shines a spotlight on the transfer of HIV/AIDS funding to regional health authorities, as well as AVI's Regional & Remote services in Nanaimo and Harm Reduction services in Duncan. Karen Turner, Executive Director of NIAC, and Karen Muirhead, Executive Director of ANKORS and Vice Chair of the Canadian AIDS Society, both graciously share their considerable experience regarding HIV/AIDS work in rural settings. We thank them, as well as Michael Curnes, a member of AVI's Board of Directors, for sharing their knowledge with us.

In closing, *VOX* sadly acknowledges the departure of AVI's Client Services Worker, MaryKay MacVicar, who is moving up north to join her new husband. She will be greatly missed!

Cowichan Valley Needle Exchange

By John Sinclair, Supervisor, Cowichan Valley Needle Exchange

Along with exchanging needles (one-for-one), we supply condoms, alcohol swabs, lube, bleach, matches, safer-sex and safer-shooting information.

We always have time to listen and support clients who may be thinking of making positive changes in their lifestyles. For those who have not made this decision, we offer a non-judgemental ear and attitude.

As with any controversial service, we have some hurdles to overcome. Individuals are reluctant or hesitant to use our services openly so a discreet place to rendez-vous is crucial. In a small town, residents can be very judgemental and quick to notify the authorities. For this reason, our bright yellow Sharps containers (for the disposal of used syringes) are camouflaged with dark garbage bags. Some of our clients tell us they provide needles to others who are afraid of being identified as needle-users, even by us.

Our goal is to be recognized as a much-needed service here in the Cowichan Valley. Some of the steps we've taken towards this are educating the public and interacting better with resources in the community along with handing out cards and pamphlets.

We are a free, confidential, mobile service serving the Cowichan Valley from Cobble Hill to Chemainus. Our hours are 6 to 9pm, Tuesday and Thursday . (250) 246-6483.

Supporting diversity

By Carolyn Pickett, Support Worker, Regional & Remote

From eight years old to 68 years young . . . From new mom to grandmother . . . From newly diagnosed to 14 years positive . . . From 0 to 6 on the Kinsey scale . . . From living with family to being kicked out . . . From no meds to 40 pills a day . . . From undetectable to 300,000 copies of the virus . . . From downtown to country living . . .

I'd like to introduce you to friends of Regional & Remote who represent one thing for sure: diversity. With such a diverse population come needs, issues and personalities that are just as diverse. I once expressed being torn by spending the morning with a fellow dying in the hospital, then returning to the office and trying to give weight to another fellow's concern about having $40 stolen from his apartment. That's the difficult part.

On the upside, when you recognize that each person has their own unique energy you begin to appreciate their unique challenges. I have the opportunity to do most of my work with people in their homes as I travel around the Island. This accommodates a very personal relationship with HIV+ people in the area.

Additionally, each rural community has its own character. It is an ongoing process to network with other professionals who can s rt people who are otherwise isolated in these communities.

"Out" in the Country

By Guy Tohana, Education Worker, Regional & Remote

It is believed we can lower HIV infection rates by combating homophobia, which appears to be more firmly embedded in rural areas than in cities. What can be done to reduce homophobia in rural areas? One way is to increase people's awareness of diversity. To do this, gay, lesbian and transgendered persons need to be "out" and visible in the country. Having said that, I must sound a cautionary note for individual safety. While rural residents can boast lower crime rates and feel safer than their city counterparts, how true is this for rural lesbian, gay and transgendered persons? When "out" in the country assess your safety carefully. There is definitely not the safety in numbers that comes with walking down Davie Street. Indeed, isolation is a big part of rural living. Large geographical distances and ensuing difficulties of transportation contribute to isolation, as does growing up without validation.

Despite the fact that the School Board of Surrey has banned gay-positive books, at least an individual attempted introducing the material into the classroom. To my knowledge, introducing gay-positive material into the classrooms of rural Vancouver Island is a long way off. It is hoped that the courts will rule the Surrey School Board book ban unconstitutional, and thereby open all BC classrooms to gay, lesbian and transgendered realities. Recently the School Board serving the Cowichan Valley drafted a human rights policy. The initial draft did not specifically mention sexual orientation in its anti-discrimination clause, as it did gender, age, ethnicity, etc. Concerned individuals lobbied the School Board members to include sexual orientation, which would have merely reflected the language and spirit of the provincial human rights charter. The School Board was reluctant to amend the draft', and in the end solved their dilemma by removing all references to minority groups, stating that the Board would not tolerate any forms of discrimination. The School Board's oversight and its solution can be seen to reflect a level of ignorance and denial similar to what youth demonstrate when they use the phrase, "That's gay.". When challenged, youth frequently say they do not intend to be cruel. They say it without thinking, without understanding the implications.

This past year, for the first time, School District #68, which includes Nanaimo, and is adjacent to the Cowichan Valley School District, booked AVI to do homophobia presentations. While I am beginning to see acceptance within the school system for gays and lesbians, I believe it is important to move past tolerance to a place of celebrating sexual diversity. I suspect schools in both cities and rural settings have much work to do in this area. It must be acknowledged that a few 'out' individuals in Nanaimo have created gay-positive spaces ir downtown area, held dances and socials, and consequently, helped to make the streets safer for other lesbian, gay and transgendered persons. When it comes to lowering HIV infection rates in remote and rural areas, an important strategy, in addition to providing relevant safer sex information, is to encourage and support people in their "coming out" process.

Looking Back: Regional & Remote

By Dana Becker, Administrative Assistant, Regional & Remote

A long time ago a Nanaimo woman had a brother named Peter, a doctor living with HIV in Vancouver. She and a few others felt it was time there were local services for PWAs and so formed the first AIDS Service Organization in Nanaimo. They did a great job but unfortunately Nanaimo didn't think it was ready for that, so some time after their inception the group folded.

A few years later, I guess in some ways a life time for Nanaimo, a positive friend asked a few friends and community players to start up a new ASO for Nanaimo. That group's community members, PWAs, people from other agencies, and dedicated individuals made up the first Board of Directors.

As a group we worked on a vision for this agency, struck bylaws, regulations and policies and in 1994 registered as a non profit Society as the Nanaimo & District AIDS Collective (NADAC).

We held tag days and saved enough money to pay for a telephone line and answering machine. The local Volunteer Centre offered us a corner, and that was the beginning. I would come in and check that answering machine each day, and the calls, mostly helpline in nature, increased each month. We organized an annual AIDS Benefit at a local bar and generated enough money to pay $130 a month rent for a small space downtown. I borrowed an electric typewriter and starting looking for some more substantial funding through both private and public sources. The ED at AVI helped me with some resources and advice.

AVI's Island Outreach Worker also worked with us from the beginning, helping us with training and community development. Soon we formed a support group for those living with HIV in Nanaimo, and started offering education to the community.

After a valiant effort and four years of hard work, but failure to ensure some private funding, we were ready to ask AVI for some more substantial help. It was great timing because it had been identified through a project done by AVI that there was a substantial need for AIDS services in Nanaimo. Through further discussion with the NADAC Board and at AVI we agreed to combine our resources, human and otherwise. In December, 1995 we opened what is now called AIDS Vancouver Island's Regional & Remote services office in Nanaimo.

Four years later, there are three staff: a support worker, an education worker and me, administration and fund development. Our doors are open from Monday to Thursday. We have 25 volunteers, four or five who are long standing. The support group still runs twice a month with some of the original members, and this year we held the 7th Annual AIDS Benefit.

Today, I still sit at the green metal desk and file in the metal cabinet that our local Pulp Mill donated to AIDS services eight years ago. (The 286 computer has long since died). I have the original NADAC pamphlet on my bulletin board above my desk and I am so proud of the work that continues to happen in Nanaimo, how far we have come as a community and how much we are able and willing to offer. The founder of NADAC lives comfortably in Vancouver, and I'm sure must also be proud of the seed we planted here so long ago.

Island-based ASOs

Upper Vancouver Island

North Island AIDS Coalition (NIAC), Campbell River—Serves North Island and North Gulf Islands, Phone: 250-286-9757

Central Vancouver Island

AIDS Vancouver Island (AVI), Regional & Remote Services—Serves Nanaimo & Area, Phone: 250-753-2437
Mid-Island AIDS Society (MIAS)—Serves Parksville, Qualicum, Nanoose & Bowser, Phone: 250-248-1171
North Island AIDS Coalition (NIAC), Courtenay—Serves North Island, Phone: 250-338-7400
Tillicum Haus Native Friendship Centre—Serves Nanaimo & Area, Phone: 250-754-1390

Capital Region

AIDS Vancouver Island (AVI)—Serves South Island & South Gulf Islands, Phone: 250-384-2366
Victoria AIDS Respite Care Society (VARCS)—Serves Capital Region & Area, Phone: 250-388-6220
Victoria Persons With AIDS Society (VPWAS)—Serves Victoria & Area, Phone: 250-382-7927

VOX - The Voice of the Victoria HIV/AIDS Centre

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AVI will not be responsible for errors or omissions.

Editorial Committee

Sian Miller, Cheryl Price, Walter Quan, Shelley M. Motz - Editor

HIV/AIDS Work In Rural Areas

By Karen Muirhead, Executive Director, ANKORS

Honouring and acknowledging that communities—all communities—have established and working networks is key to rural work. As AIDS service providers, educators and support persons, we must introduce ourselves to these networks and find a way to do our work without taking over.

The information and services that we have to offer, from outreach to needle exchange, need to be woven into the community and its established networking methods. Services are not accepted if, as outsiders, we announce our expertise and parachute into these communities "bringing the word". This includes groups that identify themselves as communities. Persons who use injection drugs, street-involved persons, youth, service providers and educators are often parts of formal networks that we need to be invited to.

Community development is the cornerstone of all work ANKORS performs in our region. ANKORS staff and volunteers engage in working agreements with existing services, providing resources and expertise as needed. Working with essential service providers such as home support workers, longterm care assessors and providers, outreach nurses, social workers, and addiction counsellors (to name a few) an ASO can develop a core group of individuals who will be effective partners in increasing local HIV/AIDS awareness. By increasing community awareness and identifying the needs of persons living with HIV or AIDS, the availability and delivery of services will improve.

Fear, reluctance, "family values", social conservatives and political correctness: we try to use these blocks to our advantage. HIV and AIDS education is something we need to sell and we need to get into the front door to provide it. Most groups and individuals who are reluctant to attend HIV/AIDS 101 will attend presentations that meet whatever they perceive as their ultimate need. ANKORS uses this very human motivator to get our foot in the door. Partnering with those who provide STD presentations, Planned Parenthood and school-based Drug and Alcohol workers has been an effective way of coming into reluctant venues, allowing speakers to establish a reputation as credible, respectful presenters, who are safe to invite back.

Many of our communities have strong, ultra-conservative groups that are able to be loud enough and create enough discomfort that real HIV education becomes hard to provide. For many of our community members, service providers and caregivers, HIV and AIDS continue to be unknowns. Combined with the belief that only "those" people are at risk, we have had to be creative to engage people and groups in education and prevention work. Offering workshops on Occupational Guidelines, How to Protect Yourself at Work, etc. has ensured that we have connected with groups like the RCMP, union workers, ambulance and fire workers. While the topics suggest the provision of safety information, information in relation to HIV and AIDS, homophobia, marginalization and discrimination is given after the group has bought into the presentation.

Fear of creating an uproar has limited many of our schools from accessing ANKORS education and prevention programming. Concerns for those students whose life choices place them at risk is secondary to keeping parents (all of them) happy. When the School Boards were facing the Parent's Right group from the lower mainland, ANKORS organized a presentation at a School Board meeting to share the method, type of information and detailed presentation planning policy for our

Principles for Rural Networking

- Must bridge chasms that separate rural communities, individuals that are living with HIV or AIDS and their care partners (family and friends) with formal service providers.
- Must value the power of established community networking and a community's ability to support and care for its members.
- Must value all persons in the community—persons living with HIV or AIDS and their family, friends, and care partners; community leaders; clergy; educators; public health nurses; social workers; gay, lesbian, bisexual and transgendered groups—respecting their isolation and acknowledging their distance.
- Must commit to honouring and using existing rural linkages.
- Must identify local individuals and groups who are willing to provide resources, services and people.
- Must coordinate the development of the outreach and educational planning within the community culture and climate.
- Must commit to longterm planning in the development of HIV/AIDS-positive networks, services and communities.

Continued from page 4

society. This allowed them to add our organization to the list of "accepted" school speakers.

The staff and Board at ANKORS have worked hard to address a multitude of needs and gaps since founded in 1992. The differences in our region are dramatic. Services for people who are living with HIV and AIDS have improved. Although there continues to be much more room for growth, there is a commitment within our region to enhance the existing services and provide the best care that we can within our area.

Difficulties continue to accompany the successes. Positive women do not have any HIV/AIDS skilled gynaecological resources. There are health care providers, mental health workers and social service providers who do not "know" any positive persons so they do not "need" to know anything about risk, transmission, prevention or treatment. Some school districts are still reluctant and unwilling to provide accurate and timely prevention education information to their students to avoid controversy. It is still not okay to discuss penises or sex practices in many public places and odds are one of our pamphlets will make it to the desk of our Reform MP for his opinion. There are groups that are actively promoting against our gay, lesbian, bisexual and transgendered groups and the hanging of a gay pride banner still creates major havoc in one of our region's most accepting and diverse communities.

On the other hand, there have not been any more beatings of HIV-positive men because "they were there". There is growing community support for the rights of all individuals. Those living with HIV and AIDS in our region are feeling safer and more supported. Their family, friends and care partners have a place to call and come to. That is a very large indicator of success for our region.

Some Key Issues and Concerns

• Persons living in small, rural communities have ongoing concerns about confidentiality. Visits to physicians, labs and pharmacists often involve seeing or dealing with a next door neighbour, an aunt's best friend or a family member in their position in the service that you may be accessing.

ng identified accidentally occurs often by description of a *situation* rather than an *individual.*

• The placement of an AIDS Service Office for our organization was based on the need to be in the centre that is often seen as the most accepting of differences. ANKORS' regional office is now located in Nelson which houses a larger population of street-involved individuals, has an established history of exporting very good drugs and provides many of our community members a larger centre for shopping and health care services.

• To ensure that individuals feel safe enough to receive services by our staff we work with third parties, provide services at individuals' kitchen tables, do not have call identification on our telephones and rely on the anonymity of health or social services offices outside an individual's home community.

• At the same time, those of use who work for ANKORS are well-known as the "AIDS people" so having coffee in a restaurant can "out" an individual by rumour or innuendo rather than by fact.

• Individuals travel throughout the region for most services. This is complicated by the three mountain ranges in this region. The most AIDS-aware and appropriate service provider can be one or two hours from a home community and there is only sporadic bus service to most communities in our region.

• Staff wrestle with the reality that their office consists of 24,000 kilometres. It may take you three-and-a-half hours to go to work one day and 20 minutes the next. For those who are accustomed to providing consumer services from a specific locale it takes an effort to redefine their job. It is absolutely necessary to ensure that all communities and areas in this region are provided equal service and that these services are as equitable as we can manage. One of the programming goals is to ensure that persons living with HIV and AIDS can assess HIV/AIDS educated services in their home communities. That is also our responsibility.

• For specialized care and treatment individuals in our region must travel to the larger urban centres located in the lower mainland or Alberta. Travel to these communities can take over eight hours by car, one-and-a-half hours by plane or 12 to 14 hours by bus. Work with social services to provide appropriate support for transportation continues to be one of the primary areas of advocacy. And once an individual arrives in an urban centre for their appointment, who is on this end to assist them? Services, accompaniment and support are often only available for individuals in their home regions, not in the larger centres and not by those who are connected to their lives in any way. To illustrate this issue: ANKORS had an older woman, bilingual, who had been referred to Vancouver for tests. Knowing that she did not have the skills, the experience or the knowledge to manage the city, I called one of the larger organizations to arrange for accompaniment and assistance in finding a reasonable place

y. The response received was the suggestion of the Jericho Hostel and a bus from the Greyhound to that site. "The bus driver would be certain to provide assistance with directions." There was no one available for assistance or accompaniment. I called a personal friend.

Karen Muirhead is the Executive Director of ANKORS and Vice Chair of the Canadian AIDS Society. ANKORS, based in Nelson, B.C., covers an area of 24,000 square kilometres (roughly the same size as Vancouver Island).

North of AVI

Excerpts from an interview with Karen Turner, Executive Director of North Island AIDS Coalition (NIAC), responsible for HIV/AIDS support, education and harm reduction services throughout the north of Vancouver Island and the North Gulf Islands.

Does working in remote communities affect your work?
The amount of time and travel for each outreach worker is huge. As many of our clients are not able to come into town we do a great number of home visits and the bulk of our counselling over the telephone. Poverty in rural areas is often more severe; access to food banks, public transit and community services is restricted. Local doctors are primarily GPs. The lack of medical expertise means people must travel to Vancouver as often as six to eight times a year. Educational services are easier since small communities' networks are tighter knit and work very well.

While it is often considered a truism that there is more prejudice and ignorance in smaller communities I don't believe that to be true. However, often materials that are generated in urban centres are not useful to us as they are geared to one specific group or they use slang or lingo that is unfamiliar to our community. Materials then must be designed and funded by our own organization.

What are some challenges of working in remote areas?
The biggest challenge that we face is reaching all of our communities, as they are distant. We also find that smaller communities do not see AIDS as a reality for them. There is denial and the perception that in a rural community there are no "big city problem", i.e. drug use.

What are the benefits of working in these areas?
Working in a small community allows for a greater amount of networking. The work itself addresses many issues. Unlike urban centres where one organization may work on one issue, we need to pool resources and address all of the issues connected with AIDS. For example, we work with anti-poverty groups, Planned Parenthood youth clinic, health units, etc.

Do you find more HIV+ people are living in remote areas?
We are seeing a sharp increase in HIV, not because people are coming here but because people are being affected in our community and may have never visited a city. We also work with people who divide their time between their home reserve and Hastings Street.

What are pros and cons of remote areas if you're HIV+?
The greatest challenge is access to medical expertise. The advantage to staying in one's home community is the support network and family, which can be a disadvantage if the community or family are not supportive or are also unhealthy (i.e. drug and alcohol abuse).

What final thoughts would you like to share?
It is important to recognize that the simple lack of services is the biggest ongoing issue, and that many of our challenges are also our strengths, such as the closeness of family and community.

Report on the West Coast HIV/AIDS Planning Group

By Michael Curnes

In June, a group met to discuss HIV/AIDS on the West Coast of Vancouver Island and identify service or education gaps. Following are some of the issues discussed.

- HIV/AIDS cannot be viewed in isolation from the social context of the region, which crosses community and cultural boundaries.
- While AIDS is a reportable statistic, HIV is not. The Centre for Excellence at St. Paul's in Vancouver reports they are assisting 12 HIV-postive persons who reside within the CVIHR. A local doctor questioned that number as being too low since he personally has a caseload of six local patients who are accessing medications through St. Paul's.
- The doctor reported that the majority of his patients contracted HIV heterosexually and somewhere other than the West Coast. In most cases either alcohol abuse and/or low self-care were believed to be contributing factors. Due to the remoteness of the region, IV drugs are not readily distributed which this group believes correlates to a low statistical likelihood of HIV contraction through shared needles.
- Ucluelet Secondary students recently identified a need for a youth health clinic with greater confidentiality in STD testing. The doctor cited the "Infants Act" and a misconception that parents or guardians are automatically notified when a medical opportunity presents itself.
- The Nuu-Chah-Nulth are participating in a pilot project sponsored by St. Paul's involving blood spotting. One thousand tests will be administered during this program. Regarding testing, greater results might be achieved by partnering HIV and other forms of testing, such as diabetes. If a session for HIV testing is publicized, fear of being seen will sharply affect the success and scope of the program. If HIV testing were one of two or more blood tests offered concurrently, a person could privately specify which tests he/she wished without becoming the "talk of the town".
- Community Health Representatives spoke of clients with HIV/AIDS who are or who have been isolated for fear of rejection or bias. Providing HIV/AIDS training for home care workers, public health nurses, school educators, and service providers in each of the West Coast communities was strongly suggested.
- The Tla-o-qui-aht representatives reported they use a number of pamphlets and have a First Nations video used in HIV/AIDS training. The Nuu-Chah-Nulth Education Committee is also in the process of developing an HIV/AIDS poster and the production of a second education video has been discussed. The Youth Centre in Ahousat distributes condoms and condoms are readily available for purchase at the Ahousat General Store and in the villages of Tofino and Ucluelet. The size of these communities and an association between HIV/AIDS and condoms, however, might foster a reluctance to purchase condoms locally.
- The Kakawis Family Development Centre on Meares Island conducts a half-day workshop on HIV/AIDS every six weeks and this workshop is mandatory for all clients in their substance abuse program. HIV testing is part of this workshop with 99% of the adults volunteering for the test and between 50 and 60% of the teens. While these clients are considered at high risk due to drug and alcohol dependency issues, the return of a positive test result is rare.
- Some regional health care deficiencies were itemized, including lack of adequate counselling support in West Coast Communities; physiotherapy is only available during hospitalization; a nutritionist only visits the First Nations communities twice per month; transportation between communities and to the West Coast remains one of the largest challenges for care service and education providers. (It may ironically be one of the reasons the spread of HIV/AIDS has not accelerated here.)
- In conclusion, the participants expressed a desire to consider a complete holistic approach to HIV/AIDS planning for the West Coast and suggested the group expand to include public health nurses, home school coordinators, local youth outreach workers, drug and alcohol counsellors and home care nurses.

The next meeting is Thursday, September 16, 1999 9am-noon at the Alberni/Clayoquot Skills Centre (Fred Tibbs Building) in Tofino.

Calendar of Events JULY 1999

M..day	Tuesday	Wednesday	..ursday	Friday	Sat./Sun.
Unless otherwise noted, a hot lunch is served and a noon group gathers @ the Drop-In fro m 11:30-1pm each weekday.			1 Leather Crafts 2pm @ the Centre Acupuncture 7-9pm @ SOS	2 Relaxation 2pm @ the Centre	3 4 Acupuncture 7-9pm @ SOS
Christian Support Group 7-9pm @ SOS 5	6 Relaxation 2pm @ the Centre Acupuncture 7-9pm @ SOS	7 Movie Night 6pm @ the Centre Drop-in Art 7-9pm @ SOS	8 "Staying Negative" 7pm @ the Centre Leather Crafts 2pm @ the Centre Acupuncture 7-9pm @ SOS	9 Relaxation 2pm @ the Centre	10 11 Acupuncture 7-9pm @ SOS
Christian Support Group 7-9pm @ SOS 12	13 Relaxation 2pm @ the Centre Acupuncture 7-9pm @ SOS	14 Games Night 6pm @ the Centre Drop-in Art 7-9pm @ SOS	15 Leather Crafts 2pm @ the Centre Acupuncture 7-9pm @ SOS	16 Relaxation 2pm @ the Centre	17 18 Acupuncture 7-9pm @ SOS
Christian Support Group 7-9pm @ SOS 19	20 Relaxation 2pm @ the Centre Acupuncture 7-9pm @ SOS	21 AIDS 101 7pm @ the Centre Support Group 6pm @ the Centre Drop-in Art 7-9pm @ SOS	22 AIDS Walk Volunteer Orientation 6-8pm @ theCentre Call Tathra for more info Leather Crafts 2pm @ the Centre Acupuncture.7-9pm @ SOS	23 Relaxation 2pm @ the Centre	24 25 Acupuncture 7-9pm @ SOS
Christian Support Group 7-9pm @ SOS 26 Church Dinner 5:30pm @ the Centre	27 Relaxation 2pm @ the Centre Acupuncture 7-9pm @ SOS	28 **No Lunch @ the Centre** Games Night 6pm @ the Centre Drop-in Art 7-9pm @ SOS	29 Leather Crafts 2pm @ the Centre Acupuncture 7-9pm @ SOS	30 Birthday Celebrations 1pm @ the Centre Relaxation 2pm @ the Centre	31 Acupuncture 7-9pm @ SOS

AUGUST 1999
Calendar of Events

Monday	Tuesday	Wednesday	Thursday	Friday	Sat./Sun.
Unless otherwise noted, a hot lunch is served and a noon group gathers @ the Drop-In from 11:30-1pm each weekday.					1 Acupuncture 7-9pm @ SOS
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16 Christian Support Group 7-9pm @ SOS	17 Relaxation 2pm @ the Centre Acupuncture 7-9pm @ SOS Reception Training for AVI 3:30pm @ the Centre Call Tahtra to register	18 Support Group 6pm @ the Centre Drop-in Art 7-9pm @ SOS AIDS 101 7pm @ the Centre	19 Leather Crafts 2pm @ the Centre Acupuncture 7-9pm @ SOS	20 Relaxation 2pm @ the Centre	21 22 AVI Family Picnic Call Tathra for details Acupuncture 7-9pm @ SOS
23 31 Christian Support Group 7-9pm @ SOS	24 Relaxation 2pm @ the Centre Acupuncture 7-9pm @ SOS 31 Birthday Celebrations 1pm @ the Centre Relaxation 2pm @ the Centre Acupuncture 7-9pm @ SOS	25 31 **No Lunch @ the Centre** Games Night 6pm @ the Centre Drop-in Art 7-9pm @ SOS	26 Leather Crafts 2pm @ the Centre Acupuncture 7-9pm @ SOS	27 Relaxation 2pm @ the Centre	28 29 Acupuncture 7-9pm @ SOS